

PRINTED: 12/17/2015  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL098029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 12/03/2015
NAME OF PROVIDER OR SUPPLIER  PARKWOOD VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 PARKWOOD BLVD WILSON, NC 27595	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(C 000) Initial Comments	(C 000)		
	<p>This report is of a followup survey done by Bob Getchell on December 3, 2015.</p> <p>The followup survey revealed that all deficiencies are not corrected, therefore a new plan of correction is required.</p> <p>(C 189) Building Equipment Maintained Safe, Operating (C 189)</p> <p>SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the sampling tube for the duct mounted smoke detector in the attic above room 301 was very dirty.</p> <p>3. Based on observation a required one-hour fire rated smoke barrier wall was compromised. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Followup Findings on 12-3-15 include:</p> <p>a) There were unsealed sleeves through the smoke barrier wall in the attic above room 302.</p> <p>b) An un-rated gray caulk has been used to seal penetrations which require an intumescent caulk</p>		

See  
Attached

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

STATE FORM

ZU1Q21

If continuation sheet 1 of 2

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{C 189}	<p>Continued From page 1</p> <p>with an ASTM E-814 rating to properly firestop the wall penetrations.</p> <p>4. Based on observation, the facility was not maintained in a safe manner by blocking a fire rated door open, thereby preventing the door from closing rapidly in order to contain smoke and fire.</p> <p>Followup Findings on 12-3-15 include: The ¾ fire rated door to the laundry was held open by a permanent magnet in violation of Section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection.</p> <p>5. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke.</p> <p>Followup Findings on 12-3-15 include: d. The door from the kitchen to the dining room was held open with a permanent magnet in violation of Section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection.</p> <p>8. Based on observation, no vacuum breakers were provided on hoses that were long enough to reach into sink basins.</p> <p>Followup Findings on 12-3-15 include: a. The hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided.</p>	{C 189}	<p>See Attached</p>

*Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

**Parkwood Village – Biennial Construction Survey  
Plan of Correction  
Facility License # HAL-098-029**

**1. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. Follow-up Findings on 12-3-2015 include: (a) unsealed sleeves through the smoke barrier wall in the attic above room 302 (b) Un-rated caulk had been used to seal penetrations which require an intumescent caulk with an ASTM E-814 rating to properly firestop the wall penetrations**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

Approved red fire barrier sealant was applied to all unsealed sleeves and Un-rated caulk has been removed and replaced using intumescent sealant with an ASTM E-814 rating to properly firestop the wall penetrations above room 302 on 1/1/2016

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. Approved red fire barrier sealant was applied to all unsealed sleeves and Un-rated caulk has been removed and replaced using intumescent sealant with an ASTM E-814 rating to properly firestop the wall penetrations above room 302 on 1/1/2016

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random visual / physical inspections to ensure all fire rated smoke barrier walls are in compliance with the regulation.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random visual / physical inspections to ensure all fire rated smoke barrier walls are in compliance with the regulation.

**2. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. The ¾ hr rated door to the laundry and kitchen were held open in violation of section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection**  
**Follow-up Findings on 12-3-2015 include: (4) and (d) The ¾ fire rated doors to the laundry and kitchen to the dining room were held open with a permanent magnet.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

The permanent magnets were removed on 1/1/2016 from the laundry and kitchen ¾ fire rated doors. Both now close as designed.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide visual inspection was done on 1/1/2016 to insure doors worked properly.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random visual inspections of doors which requires the door to be self-closing or automatic closing upon smoke detection, that they are not wedged open and working as designed. New staff will be in-serviced about the dangers of propping or wedging doors open. Signage will be put on Laundry and Kitchen doors to remind staff to keep doors closed and staff will be in-serviced about the dangers of propping or wedging doors open.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random visual inspections of doors which requires the door to be self-closing or automatic closing upon smoke detection, that they are not wedged open and working as designed.

**3. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.**  
**Alleged Follow-up Findings on 12-3-2015 include:** The hose on the hair wash wand in the beauty salon was long enough to reach the sink basins and there was no vacuum breaker provided.

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

Vacuum beaker was installed on the hair wash wand in the beauty salon on 1/1/2016

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. On 1/1/2016 the Maintenance Director conducted a community wide visual inspection to ensure compliance of all wash basins that could have a hose long enough to reach the flood rim and therefore contaminating public water sources by siphoning action.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct a random visual / physical inspection of all wash basins to ensure compliance.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct a random visual / physical inspection of all wash basins to ensure compliance.

Respectfully,

Shay Lingerfelt  
Regional Director of Operations